Case 15-18070-amc Doc 80 Filed 05/08/17 Entered 05/08/17 14:29:30 Desc Main

			Do	сит	ent Pa	ane	1 ∩f	2	
F	ill in this inform	nation to i	dentify your case:						
Debtor 1 Bernice			McNeil						
		First Name	Middle Name		Last Name			Che	eck if this is:
	Debtor 2 (Spouse, if filing)	First Name	Middle Name		Last Name			— ☑	An amended filing
	United States Bankr	uptcv Court	for the: EASTERN D	IST. (OF PENNSY	'LVA	NIA		A supplement showing post-petition
	Case number	15-18070			-	_		_	chapter 13 income as of the following date:
	(if known)								MM / DD / YYYY
Of	ficial Form B	<u>6l</u>							
Sc	chedule I: Yo	ur Incor	ne						12/13
res inc abo you	ponsible for supply lude information ak out your spouse. If ur name and case n	ying correct bout your sp more space	information. If you are pouse. If you are separ e is needed, attach a se nown). Answer every o	e mari ated a eparat	ried and not the same and your spote to the sheet to the	filing use i	jointly, s not fi	and your ing with y	I Debtor 2), both are equally spouse is living with you, rou, do not include information any additional pages, write
1.	Fill in your emplo		•						
	information.	•		Deb	tor 1				Debtor 2 or non-filing spouse
	If you have more to job, attach a separ		Employment status		Employed				☐ Employed
	with information at	oout		✓	Not employe	ed			☐ Not employed
	additional employe	ers.	Occupation						
	Include part-time, sor self-employed w		Employer's name						
	Occupation may in student or homemapplies.		Employer's address	Num	ber Street				Number Street
	арріїез.								-
									_
									_
				City			State	Zip Code	City State Zip Code
			How long employed to	here?					
P	art 2: Give D	etails Ab	out Monthly Incom	e					
Est	imate monthly inco	ome as of th	e date you file this forr	n. If y	ou have noth	ing to	report f	or any line	e, write \$0 in the space. Include your
	n-filing spouse unles	,	•						
-		•	e more than one employ arate sheet to this form.	er, coi	nbine the info	ormati	ion for a	II employe	rs for that person on the lines below. If
							For De	ebtor 1	For Debtor 2 or non-filing spouse
2.			alary, and commissions I monthly, calculate what			2.		\$0.00	· -
3.	Estimate and list	monthly over	ertime pav.			3. •	L	\$0.00	
								40.00	

Official Form B 6I Schedule I: Your Income page 1

4. Calculate gross income. Add line 2 + line 3.

\$0.00

Case 15-18070-amc Doc 80 Filed 05/08/17 Entered 05/08/17 14:29:30 Desc Main Document Page 2 of 2

Debtor 1		Bernice McNeil		Case number (if known) 15-18070						
				For Debtor 1		For Debtor 2 non-filing sp		_		
	Сор	y line 4 here	4.	\$0.00						
5.	List	all payroll deductions:								
		Tax, Medicare, and Social Security deductions	5a.	\$0.00						
		Mandatory contributions for retirement plans	5b.	\$0.00						
		Voluntary contributions for retirement plans	5c.	\$0.00						
		Required repayments of retirement fund loans	5d.	\$0.00						
	5e.	Insurance	5e.	\$0.00						
	5f.	Domestic support obligations	5f.	\$0.00						
	5g.	Union dues	5g.	\$0.00						
	5h.	Other deductions. Specify:	5h. +	\$0.00						
6.	Add 5g +	the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5h$.	6.	\$0.00						
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$0.00						
8.	List	all other income regularly received:								
	8a.	Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00						
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.								
	8b.	Interest and dividends	8b.	\$0.00						
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00			_			
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.								
	8d.	Unemployment compensation	8d.	\$0.00						
		Social Security	8e.	\$0.00						
	8f.	Other government assistance that you regularly receive								
		Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.								
		Specify:	8f.	\$0.00						
	8g.	Pension or retirement income	8g.	\$0.00						
	8h.	h. Other monthly income.		¢4 470 00						
		Specify: Pension	8h.+	\$1,470.00						
9.	Add	all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$1,470.00						
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$1,470.00]+[=	=[\$1,470.00	
11.	State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.									
		not include any amounts already included in lines 2-10 or amounts tha	t are no	ot available to pay	ехр	enses listed		edu		
	Spe	cify: income contribution					11. +	+ _	\$500.00	
12.		the amount in the last column of line 10 to the amount in line 11.		result is the combined monthly			12.		\$1,970.00	
	inco	me. Write that amount on the Summary of Schedules and Statistical ated Data, if it applies.				_	ombined			
13		monthly income Do you expect an increase or decrease within the year after you file this form?								
	₩ ₩	No. None.								
		Yes. Explain:								